

Health Plan Analysis Reports

2011HCCC - HUGULEY COMMUNITY CARE COOPERATIVE

For:

Prepared by:



Location:
Department:
Contract

Paid From: 01/01/2013 To: 12/31/2013
Network Lvl:

Incurred From: 01/01/2013 To: 12/31/2013

Claim Type:

Tran. Type:

Include Denied Claims:

Relationship:
Dollar Limit:

Prepared by: Shannon Junek

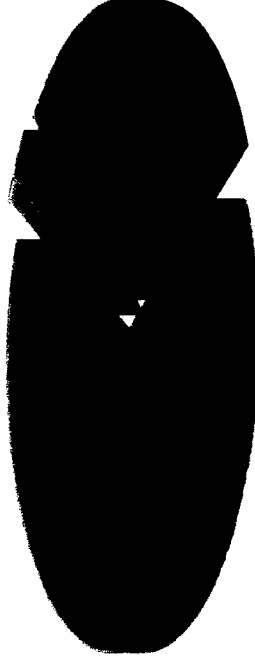
Created Date: 12/1/2013

Payment Analysis By Age Range

2011HCCC - HUGULEY COMMUNITY CARE COOPERATIVE

Age Range	Number of Claims	Number of Claimants	Submitted Charges	Eligible Charges	Plan Discount	Member Paid			Plan Paid Amount
						Coinurance	Deductible	Copay	
19 - 24 Years of Age	140	16	\$179,075.60	\$142,761.15	\$118,354.78	\$0.00	\$0.00	\$0.00	\$24,406.37
25 - 44 Years of Age	981	70	\$2,592,305.72	\$2,343,949.89	\$2,060,865.81	\$0.00	\$0.00	\$0.00	\$283,084.08
45 - 64 Years of Age	1,966	137	\$4,472,610.10	\$4,082,421.99	\$3,496,959.76	\$0.00	\$0.00	\$0.00	\$956,450.23
65 Years or More	71	6	\$66,030.84	\$63,570.26	\$51,140.21	\$0.00	\$0.00	\$0.00	\$12,430.05
TOTALS	3,158	226	\$7,310,022.26	\$6,632,703.29	\$5,727,320.56	\$0.00	\$0.00	\$0.00	\$905,382.73

Payment Analysis By Age Range



19 - 24 Years of Age	\$24,406.37	2.7%
25 - 44 Years of Age	\$283,084.08	31.3%
45 - 64 Years of Age	\$585,462.23	64.7%
65 Years or More	\$12,430.05	1.4%
Total:	\$905,382.73	100.0%

Location: _____
 Department: _____
 Contract: _____
 Prepared by: Shannon .lunak
 Paid From: 01/01/2013 To: 12/31/2013
 Network Lvl: _____
 Incurred From: 01/01/2013 To: 12/31/2013
 Claim Type: _____
 Tran. Type: _____
 Include Denied Claims: Yes
 Relationship: _____
 Dollar Limit: _____

High Claimant - Top 10

2011HCCC - HUGULEY COMMUNITY CARE COOPERATIVE

Internal Member Id	Member Age	Member Gender	Member Relation	Prevalent Diagnosis	Number of Claims	Submitted Charges	Ineligible Charges	Plan Discount	Member Amount	Plan Paid Amount
2134511	49	M	Self	148.9 UNS MALIGNANT NEOPLASM OF HYPOPHARY	128	\$286,142.09	\$78,819.76	\$177,322.33	\$0.00	\$30,000.00
1919962	39	F	Self	V55.3 ATTENTION TO COLOSTOMY	88	\$465,783.75	\$24,720.15	\$411,314.00	\$0.00	\$29,749.60
2022816	45	M	Self	722.0 CERVICAL DISC DISPLACMNT	42	\$261,745.36	\$24,415.56	\$208,199.17	\$0.00	\$29,130.63
1951278	51	M	Self	722.0 CERVICAL DISC DISPLACMNT	24	\$189,662.69	\$15,645.45	\$146,450.62	\$0.00	\$27,566.62
1993195	53	M	Self	722.4 CERVICAL DISC DEGENERATN	16	\$127,650.91	\$986.44	\$102,725.37	\$0.00	\$23,939.10
2207096	48	M	Self	UNK Unknown	8	\$101,908.16	\$0.00	\$79,216.19	\$0.00	\$22,691.97
2121609	45	M	Self	250.82 DIABETES MELLITUS WITH OTHER SPECIF	19	\$53,260.86	\$995.21	\$32,373.58	\$0.00	\$19,892.07
2139756	56	F	Self	786.50 UNSPECIFIED CHEST PAIN	89	\$147,492.84	\$34,675.09	\$92,998.50	\$0.00	\$19,819.25
1991955	54	F	Self	287.5 THROMBOCYTOPENIA UNSPECIFIED	77	\$132,488.24	\$11,671.75	\$101,464.16	\$0.00	\$19,352.33
2010271	42	F	Self	UNK Unknown	31	\$87,177.37	\$8,204.05	\$60,180.43	\$0.00	\$18,792.89
TOTALS					322	\$1,853,312.27	\$200,133.46	\$1,412,244.35	\$0.00	\$240,934.46

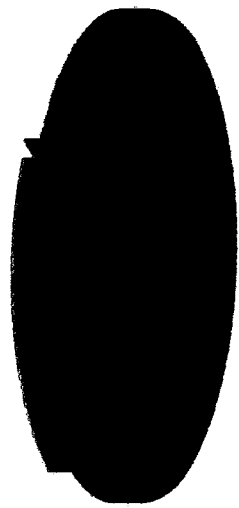
Location: _____ Incurred From: 01/01/2013 To: 12/31/2013 Claim Type: _____
 Department: _____ Network Lvl: _____ Tran. Type: _____ Relationship: _____
 Contract: _____ Include Denied Claims: Yes Dollar Limit: _____
 Prepared by: Shannon Junek Page 1 of 1 Created Date: 12/1/2013

Paid Amounts By Type

2011HCCC - HUGULEY COMMUNITY CARE COOPERATIVE

Provider Claim Type	Processed Claims	Submitted Charges	Ineligible Charges	Eligible Charges	Plan Discount	Member Paid			Plan Paid Amount
						Coinsurance	Deductible	Copay	
FACILITY	728	\$5,765,168.36	\$461,557.15	\$5,303,611.21	\$4,607,819.75	\$0.00	\$0.00	\$0.00	\$695,791.46
PHYSICIAN	2,401	\$1,490,834.51	\$204,686.72	\$1,284,139.69	\$1,076,228.96	\$0.00	\$0.00	\$0.00	\$207,910.73
OME	43	\$54,019.39	\$9,067.00	\$44,952.39	\$43,271.85	\$0.00	\$0.00	\$0.00	\$1,680.54
TOTALS	3,158	\$7,310,022.26	\$675,310.87	\$6,632,703.29	\$5,727,320.56	\$0.00	\$0.00	\$0.00	\$905,382.73

Paid Amounts By Type



FACILITY	\$695,791.46	76.9%
PHYSICIAN	\$207,910.73	23.0%
OME	\$1,680.54	0.2%
Total:	\$905,382.73	100.0%

Location: _____ Paid From: 01/01/2013 To: 12/31/2013 Incurred From: 01/01/2013 To: 12/31/2013 Claim Type: _____

Department: _____ Network Lvl: _____ Tran. Type: _____ Relationship: _____

Contract: _____ Include Denied Claims: Yes Dollar Limit: _____

Paid Amounts By Type
2011HCCC - HUGULEY COMMUNITY CARE COOPERATIVE

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	2/2013	3/2013	4/2013	5/2013	6/2013	7/2013	8/2013	9/2013	10/2013	11/2013	Total
FACILITY	\$76,617.91	\$76,538.61	\$111,294.10	\$46,410.62	\$0.00	\$216,571.99	\$39,796.98	\$41,098.47	\$74,362.87	\$16,110.11	\$696,791.46
OME	\$0.00	\$606.54	\$606.54	\$0.00	\$0.00	\$0.00	\$202.16	\$0.00	\$0.00	\$366.28	\$1,600.54
PHYSICIAN	\$16,337.03	\$19,306.78	\$37,392.99	\$2,430.60	\$0.00	\$72,868.62	\$16,376.49	\$14,431.63	\$17,489.79	\$11,868.01	\$207,910.73
Total	\$91,954.94	\$96,448.93	\$149,283.62	\$47,841.02	\$0.00	\$289,240.51	\$56,380.65	\$46,530.10	\$91,842.66	\$28,960.40	\$908,392.73

Paid Amounts By Type



FACILITY	\$696,791.46	76.9%
PHYSICIAN	\$207,910.73	23.0%
OME	\$1,680.54	0.2%
Total:	\$905,382.73	100.0%

Location: _____ Paid From: 01/01/2013 To: 12/31/2013 Incurred From: 01/01/2013 To: 12/31/2013 Claim Type: _____
 Department: _____ Network Lvl: _____ Tran. Type: _____ Relationship: _____
 Contract: _____ Include Denied Claims: Yes Dollar Limit: _____

Top 20 Providers

2011HCCC - HUGULEY COMMUNITY CARE COOPERATIVE

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Provider Name	Provider Specialty	Network Status	Paid Network Status	Number of Claimants	Submitted Charges	Ineligible Charges	Eligible Charges	Plan Discount	Plan Paid Amount
TX HEALTH CLEBURNE	HOSPITAL	OUT OF NETWORK	OUT OF NETWORK	165	\$2,831,515.36	\$217,225.48	\$2,614,289.88	\$2,246,272.06	\$368,017.82
HUGULEY MEMORIAL HOSPITAL	HOSPITAL	OUT OF NETWORK	OUT OF NETWORK	54	\$1,209,822.53	\$72,874.13	\$1,136,948.40	\$1,011,569.89	\$125,378.51
HARRIS METHODIST FORT WORTH	HOSPITAL	OUT OF NETWORK	OUT OF NETWORK	28	\$872,319.27	\$30,545.83	\$841,773.44	\$745,559.34	\$96,214.10
PLAZA MEDICAL CENTER OF FORT WORTH, FURMAN, ERIK	FAMILY PRACTICE	OUT OF NETWORK	OUT OF NETWORK	6	\$434,416.03	\$16,846.40	\$417,569.63	\$352,384.10	\$65,185.53
TEXAS HEALTH PLANO	HOSPITAL	OUT OF NETWORK	OUT OF NETWORK	155	\$57,562.00	\$3,802.28	\$53,759.72	\$30,102.26	\$23,657.46
OSTRINSKY, YEVGENIY	GASTROENTEROLOGY	OUT OF NETWORK	OUT OF NETWORK	2	\$270,572.33	\$53,365.33	\$217,207.00	\$197,512.48	\$19,694.52
MEHTA, DEVAL	CARDIOLOGY	OUT OF NETWORK	OUT OF NETWORK	35	\$157,010.50	\$308.74	\$156,701.76	\$145,640.75	\$11,061.01
GLEN ROSE MEDICAL CENTER, CRAVENS, GEORGE	HOSPITAL	OUT OF NETWORK	OUT OF NETWORK	22	\$39,724.72	\$31.01	\$39,693.71	\$29,126.66	\$10,567.05
VANZANT, GREG	NEURO SURGERY	OUT OF NETWORK	OUT OF NETWORK	3	\$30,280.39	\$0.00	\$30,280.39	\$19,985.06	\$10,295.33
WEBB III, CASPER	ANESTHESIOLOGY	OUT OF NETWORK	OUT OF NETWORK	12	\$130,696.11	\$18,006.95	\$112,689.16	\$104,134.83	\$8,554.33
MANSOOR, SHADAN	GENERAL SURGERY	OUT OF NETWORK	OUT OF NETWORK	16	\$27,853.00	\$860.15	\$26,992.85	\$18,598.66	\$8,394.19
TARRANT COUNTY HOSPITAL DIST	HOSPITAL	OUT OF NETWORK	OUT OF NETWORK	1	\$45,486.00	\$11,780.37	\$33,705.63	\$26,142.41	\$7,563.22
SURRATT, STEVE	OPHTHALMOLOGY	OUT OF NETWORK	OUT OF NETWORK	3	\$27,680.00	\$1,972.08	\$25,707.92	\$18,545.60	\$7,162.32
ALEXANDER, RONALD	RADIOLOGY	OUT OF NETWORK	OUT OF NETWORK	22	\$18,242.70	\$846.82	\$17,395.88	\$10,563.19	\$6,832.69
HARMAN, BRADLEY	ORTHOPEDICS	OUT OF NETWORK	OUT OF NETWORK	89	\$47,333.76	\$12,334.98	\$34,998.78	\$29,514.25	\$5,471.53
IWASKO, NICHOLAS	RADIOLOGY	OUT OF NETWORK	OUT OF NETWORK	9	\$45,062.07	\$2,852.29	\$42,209.78	\$37,041.90	\$5,167.88
LEONARD, PETER	ANESTHESIOLOGY	OUT OF NETWORK	OUT OF NETWORK	13	\$27,690.00	\$290.02	\$27,399.98	\$22,377.60	\$5,022.38
FARZAM, STEVEN	OB/GYN	OUT OF NETWORK	OUT OF NETWORK	4	\$18,382.56	\$2,146.14	\$14,988.32	\$10,059.39	\$4,928.93
OTHER PROVIDERS		OUT OF NETWORK	OUT OF NETWORK	9	\$18,314.00	\$796.00	\$17,518.00	\$13,085.72	\$4,432.28
TOTALS				226	\$7,310,022.26	\$675,310.87	\$6,634,711.39	\$5,727,320.56	\$905,382.73

Location: Paid From: 01/01/2013 To: 12/31/2013 Claim Type:
 Department: Network Lvl.: Incurred From: 01/01/2013 To: 12/31/2013 Tran. Type:
 Contract: Network Lvl.: Include Denied Claims: Yes Relationship: Dollar Limit:

Physician Claim Utilization

2011HCCC - HUGULEY COMMUNITY CARE COOPERATIVE

Provider Name	Provider Specialty	Network Status	Paid Network Status	Tax Id Number	Number of Claimants	Number of Claims	Submitted Charges	Plan Paid Amount
MURMAN, ERIK	FAMILY PRACTICE	OUT OF NETWORK	OUT OF NETWORK	030383721	155	340	\$57,562.00	\$23,657.46
OSTRINSKY, YEVGENY	GASTROENTEROLOGY	OUT OF NETWORK	OUT OF NETWORK	283278864	35	65	\$157,010.50	\$11,061.01
MEHTA, DEVAL	CARDIOLOGY	OUT OF NETWORK	OUT OF NETWORK	751362682	22	84	\$35,410.72	\$9,353.97
RAVENS, GEORGE	NEURO SURGERY	OUT OF NETWORK	OUT OF NETWORK	752498969	12	41	\$130,696.11	\$8,554.33
VANZANT, GREG	ANESTHESIOLOGY	OUT OF NETWORK	OUT OF NETWORK	201218565	37	46	\$75,290.00	\$8,517.37
WEBB III, CASPER	GENERAL SURGERY	OUT OF NETWORK	OUT OF NETWORK	752945686	16	35	\$27,853.00	\$8,394.19
MANSOOR, SHADAN	ONCOLOGY	OUT OF NETWORK	OUT OF NETWORK	752512142	1	29	\$45,486.00	\$7,563.22
MURRATT, STEVE	OPHTHALMOLOGY	OUT OF NETWORK	OUT OF NETWORK	752494420	22	42	\$18,242.70	\$6,832.69
ALEXANDER, RONALD	RADIOLOGY	OUT OF NETWORK	OUT OF NETWORK	751459885	89	206	\$47,333.76	\$5,471.53
MARMAN, BRADLEY	ORTHOPEDECS	OUT OF NETWORK	OUT OF NETWORK	752490447	9	39	\$44,587.07	\$5,167.88
WASKO, NICHOLAS	RADIOLOGY	OUT OF NETWORK	OUT OF NETWORK	460767278	13	15	\$27,600.00	\$5,022.38
EDONARD, PETER	ANESTHESIOLOGY	OUT OF NETWORK	OUT OF NETWORK	752498969	4	15	\$18,382.56	\$4,928.93
ARZAM, STEVEN	OB/GYN	OUT OF NETWORK	OUT OF NETWORK	202840243	9	24	\$18,314.00	\$4,432.28
ORKOWSKI, JOANNA	PATHOLOGY	OUT OF NETWORK	OUT OF NETWORK	453054029	48	72	\$31,975.51	\$3,788.48
FORD, WILLIAM	OB/GYN	OUT OF NETWORK	OUT OF NETWORK	20009248	7	20	\$13,972.50	\$3,494.55
RIOS, ALVARO	CARDIOLOGY	OUT OF NETWORK	OUT OF NETWORK	751362682	14	28	\$9,970.25	\$2,958.00
LEBURNE IMAGING LLC	RADIOLOGY	OUT OF NETWORK	OUT OF NETWORK	460767278	7	8	\$13,780.00	\$2,894.37
LABCORP OF AMERICA HOLDINGS	PATHOLOGY	OUT OF NETWORK	OUT OF NETWORK	840811484	34	116	\$16,057.55	\$2,747.02
ABABRIAL, NABIL	ANESTHESIOLOGY	OUT OF NETWORK	OUT OF NETWORK	201218585	7	7	\$17,036.00	\$2,287.78
MILLENNIUM LABORATORIES	PATHOLOGY	OUT OF NETWORK	OUT OF NETWORK	261565558	2	4	\$5,041.16	\$2,141.48
KADI, K	INTERNAL MEDICINE	OUT OF NETWORK	OUT OF NETWORK	204188816	3	11	\$7,399.20	\$2,126.35
OSLUND, GREGORY	EMERGENCY MEDICINE	OUT OF NETWORK	OUT OF NETWORK	752737522	20	27	\$22,157.00	\$2,031.24
MADDOX, BARNEY	UROLOGY	OUT OF NETWORK	OUT OF NETWORK	752566987	10	20	\$5,448.00	\$1,670.20
WILLIFORD, LISA	EMERGENCY MEDICINE	OUT OF NETWORK	OUT OF NETWORK	752737522	14	22	\$19,043.00	\$1,651.64
HEELHUYSEN, DELBE	EMERGENCY MEDICINE	OUT OF NETWORK	OUT OF NETWORK	752737522	16	21	\$16,280.00	\$1,624.90
IRZA, FAIZ	GASTROENTEROLOGY	OUT OF NETWORK	OUT OF NETWORK	263276864	8	12	\$31,340.00	\$1,560.96
ONAGHAN, JOSEPH	ONCOLOGY	OUT OF NETWORK	OUT OF NETWORK	756084033	1	1	\$5,241.00	\$1,420.37
MCWATT, GORDON	EMERGENCY MEDICINE	OUT OF NETWORK	OUT OF NETWORK	752737522	14	19	\$14,672.00	\$1,403.59
JURNER, MICHAEL	NEUROLOGY	OUT OF NETWORK	OUT OF NETWORK	270295395	1	3	\$38,936.01	\$1,265.82

Location:	Paid From: 01/01/2013 To: 12/31/2013	Incurred From: 01/01/2013 To: 12/31/2013	Claim Type:
Department:	Network Lvl:		Tran. Type:
Contract:			Include Denied Claims: Yes
			Relationship: Dollar Limit:

Physician Claim Utilization

2011HCCC - HUGULEY COMMUNITY CARE COOPERATIVE

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Provider Name	Provider Specialty	Network Status	Paid Network Status	Tax Id Number	Number of Claimants	Number of Claims	Submitted Charges	Plan Paid Amount
FENDERSON, PATRICIA	PATHOLOGY	OUT OF NETWORK	OUT OF NETWORK	751376600	12	22	\$3,270.00	\$1,264.96
STREET, REAGAN	OB/GYN	OUT OF NETWORK	OUT OF NETWORK	752131429	1	4	\$11,843.00	\$1,231.57
FLOYD, ERIC	FAMILY PRACTICE	OUT OF NETWORK	OUT OF NETWORK	752737522	15	17	\$12,778.00	\$1,205.63
WOOD, MICHAEL	CARDIOLOGY	OUT OF NETWORK	OUT OF NETWORK	752547668	2	7	\$3,095.00	\$1,181.65
NIETO, DAVID	ANESTHESIOLOGY	OUT OF NETWORK	OUT OF NETWORK	752770291	2	2	\$8,083.00	\$1,105.20
MALONIS, JOHN	ORTHOPEDECS	OUT OF NETWORK	OUT OF NETWORK	752668762	1	4	\$4,129.00	\$1,101.96
YALAMANCHILI, KIRANIMAI	INTERNAL MEDICINE	OUT OF NETWORK	OUT OF NETWORK	752547668	5	13	\$4,692.00	\$1,077.55
BURGOS, ROBERT	GASTROENTEROLOGY	OUT OF NETWORK	OUT OF NETWORK	752285088	5	16	\$4,112.29	\$1,075.86
LUNOW, DAVID	EMERGENCY MEDICINE	OUT OF NETWORK	OUT OF NETWORK	752737522	11	16	\$13,046.00	\$1,034.69
ASFOUR, MOHAMMAD	NEUROLOGY	OUT OF NETWORK	OUT OF NETWORK	481282545	2	3	\$1,955.00	\$1,033.22
LEE, SEONG	OPHTHALMOLOGY	OUT OF NETWORK	OUT OF NETWORK	450466456	1	4	\$4,900.00	\$954.29
FEZZELL, JILL	EMERGENCY MEDICINE	OUT OF NETWORK	OUT OF NETWORK	752737522	9	12	\$10,670.00	\$953.72
LUCIUS, DALE	EMERGENCY MEDICINE	OUT OF NETWORK	OUT OF NETWORK	752737522	10	11	\$9,699.00	\$930.44
KHAN, AHTARAM	FAMILY PRACTICE	OUT OF NETWORK	OUT OF NETWORK	452548458	3	3	\$7,100.00	\$892.55
SHARMA, MEENU	INTERNAL MEDICINE	OUT OF NETWORK	OUT OF NETWORK	752547668	2	12	\$3,801.00	\$871.96
CHANDLER, GARY	PODIATRY	OUT OF NETWORK	OUT OF NETWORK	752125315	5	13	\$2,685.38	\$846.80
TAN, DOMINGO	EMERGENCY MEDICINE	OUT OF NETWORK	OUT OF NETWORK	710892430	1	3	\$2,584.00	\$830.06
JAYACHANDRAN, JOHN	CARDIOLOGY	OUT OF NETWORK	OUT OF NETWORK	751362682	1	1	\$2,793.54	\$824.36
HOPKINS, SCOTT	ANESTHESIOLOGY	OUT OF NETWORK	OUT OF NETWORK	752770291	2	3	\$8,905.00	\$810.48
EMING, SCOTT	CARDIOLOGY	OUT OF NETWORK	OUT OF NETWORK	710892430	1	4	\$15,175.00	\$783.18
ANYADIEGWU, ANDREW	PULMONARY MEDICINE	OUT OF NETWORK	OUT OF NETWORK	260631774	4	4	\$2,800.00	\$775.03
ADAMS, RICHARD	PODIATRY	OUT OF NETWORK	OUT OF NETWORK	203968327	2	13	\$3,665.00	\$767.53
CHAU, CHUONG	ANESTHESIOLOGY	OUT OF NETWORK	OUT OF NETWORK	201218565	3	3	\$6,000.00	\$755.22
KAUSAR, REHANA	ANESTHESIOLOGY	OUT OF NETWORK	OUT OF NETWORK	752770291	2	2	\$5,480.00	\$736.80
DUCIC, YADRANKO	OTOLARYNGOLOGY	OUT OF NETWORK	OUT OF NETWORK	710892430	2	4	\$2,555.00	\$706.18
AYO, DEREJE	EMERGENCY MEDICINE	OUT OF NETWORK	OUT OF NETWORK	800731201	3	8	\$3,647.00	\$684.01
NEALY, MARCUS	ANESTHESIOLOGY	OUT OF NETWORK	OUT OF NETWORK	201218565	3	3	\$5,112.00	\$681.54
QUEST DIAGNOSTICS,	PATHOLOGY	OUT OF NETWORK	OUT OF NETWORK	382084239	6	12	\$6,330.45	\$660.51
DAVIS, ERIC	RADIOLOGY	OUT OF NETWORK	OUT OF NETWORK	751459885	24	31	\$8,218.00	\$638.61

Location:
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Paid From: 01/01/2013 To: 12/31/2013
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Claim Type:

Tran. Type:

Include Denied Claims: Yes

Relationship:

Dollar Limit:

Physician Claim Utilization

2011HCCC - HUGULEY COMMUNITY CARE COOPERATIVE

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Provider Name	Provider Specialty	Network Status	Paid Network Status	Tax Id Number	Number of Claimants	Number of Claims	Submitted Charges	Plan Paid Amount
WRIGHT, KEITH	ANESTHESIOLOGY	OUT OF NETWORK	OUT OF NETWORK	201218565	4	4	\$5,962.00	\$638.44
WHITE, THOMAS	FAMILY PRACTICE	OUT OF NETWORK	OUT OF NETWORK	752737522	7	7	\$5,594.00	\$609.57
CRISTOL, LOUIS	INTERNAL MEDICINE	OUT OF NETWORK	OUT OF NETWORK	751362882	5	9	\$2,649.00	\$599.24
BEJANKI, SANDHYA	ONCOLOGY	OUT OF NETWORK	OUT OF NETWORK	752131429	2	13	\$2,346.00	\$586.56
TCHETGEN, MARIE-BLANCE	UROLOGY	OUT OF NETWORK	OUT OF NETWORK	752568987	1	1	\$2,388.00	\$586.32
STRANGE, MATTHEW	RADIOLOGY	OUT OF NETWORK	OUT OF NETWORK	260771184	1	1	\$8,000.00	\$585.13
THOMAS, JOHN	ORTHOPEDECS	OUT OF NETWORK	OUT OF NETWORK	205868221	1	4	\$2,408.00	\$583.68
WEN, TED	RADIOLOGY	OUT OF NETWORK	OUT OF NETWORK	751459885	12	23	\$4,713.00	\$560.04
HAMILTON, STEPHEN	EMERGENCY MEDICINE	OUT OF NETWORK	OUT OF NETWORK	752159087	5	5	\$4,267.00	\$556.69
TRESE, THOMAS	NEUROLOGY	OUT OF NETWORK	OUT OF NETWORK	752498969	8	11	\$7,957.41	\$537.26
MARGARET, ANN	ONCOLOGY	OUT OF NETWORK	OUT OF NETWORK	752512142	5	8	\$2,747.00	\$524.83
MCCRARY, MICHAEL	RADIOLOGY	OUT OF NETWORK	OUT OF NETWORK	751288919	3	5	\$4,848.00	\$482.21
SMITH, WADE	DERMATOLOGY	OUT OF NETWORK	OUT OF NETWORK	741972822	2	10	\$705.00	\$478.42
BEARD, HEATHER	EMERGENCY MEDICINE	OUT OF NETWORK	OUT OF NETWORK	752737522	4	6	\$5,160.00	\$475.54
KHAN, KHURAM	ANESTHESIOLOGY	OUT OF NETWORK	OUT OF NETWORK	201218565	2	2	\$7,650.00	\$460.50
DENSON, TONI	EMERGENCY MEDICINE	OUT OF NETWORK	OUT OF NETWORK	752159087	5	6	\$4,778.00	\$456.18
JAISWAL, VIKESH	PATHOLOGY	OUT OF NETWORK	OUT OF NETWORK	751378600	2	4	\$2,551.00	\$441.02
SMALL, ANDREW	EMERGENCY MEDICINE	OUT OF NETWORK	OUT OF NETWORK	751459885	8	12	\$2,517.00	\$407.65
PIWONKA, THOMAS	ANESTHESIOLOGY	OUT OF NETWORK	OUT OF NETWORK	810611287	3	3	\$2,625.00	\$405.24
SMITH, DAVID	GENERAL SURGERY	OUT OF NETWORK	OUT OF NETWORK	752753303	1	4	\$1,370.00	\$399.65
PEERWANI, ZIAD	PATHOLOGY	OUT OF NETWORK	OUT OF NETWORK	752141895	1	1	\$1,192.41	\$399.61
LABCORP OF AMERICA HOLDINGS	PATHOLOGY	OUT OF NETWORK	OUT OF NETWORK	133757370	4	10	\$4,956.70	\$397.23
PARRISH, DAVID	CARDIOLOGY	OUT OF NETWORK	OUT OF NETWORK	752613493	5	7	\$1,445.85	\$395.89
IVEY, DONNA	EMERGENCY MEDICINE	OUT OF NETWORK	OUT OF NETWORK	752737522	6	6	\$4,131.00	\$392.25
LOBB, SHAWN	ANESTHESIOLOGY	OUT OF NETWORK	OUT OF NETWORK	201218565	1	2	\$1,702.00	\$389.77
LEIFESTE, JAMES	ANESTHESIOLOGY	OUT OF NETWORK	OUT OF NETWORK	752770291	1	1	\$2,877.00	\$386.82
TOLER, DOUGLAS	PATHOLOGY	OUT OF NETWORK	OUT OF NETWORK	751625363	4	5	\$2,403.56	\$378.77
EDIG, ERIK	EMERGENCY MEDICINE	OUT OF NETWORK	OUT OF NETWORK	752737522	5	5	\$2,995.00	\$377.11
WESTERFIELD, LEWIS	EMERGENCY MEDICINE	OUT OF NETWORK	OUT OF NETWORK	752159087	5	5	\$3,667.00	\$357.20

Location:
Department:
Contract:

Paid From: 01/01/2013 To: 12/31/2013
Network Lvl:

Incurred From: 01/01/2013 To: 12/31/2013

Claim Type:
Tran. Type:
Include Denied Claims: Yes

Relationship:
Dollar Limit:

Physician Claim Utilization

2011HCCC - HUGULEY COMMUNITY CARE COOPERATIVE

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Provider Name	Provider Specialty	Network Status	Paid Network Status	Tax Id Number	Number of Claimants	Number of Claims	Submitted Charges	Plan Paid Amount
DONOHOE, AMANDA	RADIOLOGY	OUT OF NETWORK	OUT OF NETWORK	751459885	10	13	\$3,120.00	\$341.90
CYTOMETRY SPECIALISTS INC	PATHOLOGY	OUT OF NETWORK	OUT OF NETWORK	582338211	1	1	\$1,200.00	\$340.02
TIDWELL, LELON	DIME/ANCILLARY	OUT OF NETWORK	OUT OF NETWORK	272830008	1	1	\$2,062.00	\$313.31
SEDRAK, PETER	RADIOLOGY	OUT OF NETWORK	OUT OF NETWORK	751459885	11	11	\$3,692.00	\$309.81
PATYRAK, MICHAEL	RADIOLOGY	OUT OF NETWORK	OUT OF NETWORK	260771184	1	1	\$4,000.00	\$309.54
JAGADISH, LALITHA	INTERNAL MEDICINE	OUT OF NETWORK	OUT OF NETWORK	260376814	2	3	\$605.00	\$309.25
FRANO, KARI	GENERAL SURGERY	OUT OF NETWORK	OUT OF NETWORK	010906743	3	5	\$2,039.00	\$306.01
OPATRY, SEAN	EMERGENCY MEDICINE	OUT OF NETWORK	OUT OF NETWORK	752737522	4	4	\$3,946.00	\$296.94
JONES, MICHAEL	RADIOLOGY	OUT OF NETWORK	OUT OF NETWORK	260771184	1	1	\$4,000.00	\$294.83
EVANS, PHILLIP	ANESTHESIOLOGY	OUT OF NETWORK	OUT OF NETWORK	203486354	3	3	\$3,879.00	\$294.72
ADAMS, KENNETH	EMERGENCY MEDICINE	OUT OF NETWORK	OUT OF NETWORK	752737522	2	2	\$1,771.00	\$293.73
WERNER, CHRISTOPHER	PODIATRY	OUT OF NETWORK	OUT OF NETWORK	455193129	1	2	\$1,021.00	\$292.43
SHASHIKUMAR, KAVITHA	INFECTIOUS DISEASE	OUT OF NETWORK	OUT OF NETWORK	562487247	1	1	\$858.74	\$291.72
HOLMES, JANET	ANESTHESIOLOGY	OUT OF NETWORK	OUT OF NETWORK	203486354	2	2	\$3,250.00	\$288.09
WEATHERALL, JR, MARCUS	EMERGENCY MEDICINE	OUT OF NETWORK	OUT OF NETWORK	752737522	3	6	\$4,535.00	\$287.42
SHELTON, JOSEPH	GASTROENTEROLOGY	OUT OF NETWORK	OUT OF NETWORK	752612005	1	1	\$1,360.00	\$282.51
SCHULTZ, STEVEN	RADIOLOGY	OUT OF NETWORK	OUT OF NETWORK	751266819	4	5	\$1,284.00	\$271.57
SADQO, SYED	GASTROENTEROLOGY	OUT OF NETWORK	OUT OF NETWORK	752612005	2	2	\$595.00	\$271.45
CHOLLETTI, RAJANARENDER	CARDIOLOGY	PREFERRED	PREFERRED	912121424	1	4	\$1,300.00	\$270.18
HARE, RICHARD	PATHOLOGY	OUT OF NETWORK	OUT OF NETWORK	752722708	5	11	\$720.00	\$264.77
OSBORN, EUGENE	EMERGENCY MEDICINE	UNDETERMINED	UNDETERMINED	752159087	3	4	\$3,388.00	\$259.75
HUNT, CORBIN	INTERNAL MEDICINE	OUT OF NETWORK	OUT OF NETWORK	752613483	1	6	\$875.00	\$259.44
SHARMA, NAGINDER	CARDIOLOGY	OUT OF NETWORK	OUT OF NETWORK	752254247	1	3	\$845.00	\$254.46
PRASAD, AMIT	CARDIOLOGY	OUT OF NETWORK	OUT OF NETWORK	751362682	1	1	\$714.00	\$251.80
TROUTMAN, DAVID	INTERNAL MEDICINE	OUT OF NETWORK	OUT OF NETWORK	460516876	1	1	\$785.00	\$251.45
KIM, JOHN	RADIOLOGY	OUT OF NETWORK	OUT OF NETWORK	751459885	16	20	\$2,885.00	\$240.61
SANI, SHAHRAM	EMERGENCY MEDICINE	OUT OF NETWORK	OUT OF NETWORK	760817615	1	1	\$1,405.00	\$237.52
SANDERS, CLAYTON	RADIOLOGY	OUT OF NETWORK	OUT OF NETWORK	751459885	10	14	\$2,535.00	\$235.77
TURNER, KELLY	EMERGENCY MEDICINE	OUT OF NETWORK	OUT OF NETWORK	752159087	3	4	\$2,596.00	\$233.01

Location: _____
 Department: _____
 Contract: _____

Paid From: 01/01/2013 To: 12/31/2013
 Network Lvl: _____

Incurred From: 01/01/2013 To: 12/31/2013
 Claim Type: _____
 Tran. Type: _____
 Include Denied Claims: Yes

Relationship: _____
 Dollar Limit: _____

Physician Claim Utilization

2011HCCC - HUGULEY COMMUNITY CARE COOPERATIVE

Provider Name	Provider Specialty	Network Status	Paid Network Status	Tax Id Number	Number of Claimants	Number of Claims	Submitted Charges	Plan Paid Amount
QUENTES, AUDREY	OB/GYN	OUT OF NETWORK	OUT OF NETWORK	202840243	2	2	\$2,411.00	\$232.70
DCHS, ANN-MARGARET	ONCOLOGY	OUT OF NETWORK	OUT OF NETWORK	752512142	6	7	\$1,608.00	\$231.54
REEDMAN, LYLE	OPHTHALMOLOGY	OUT OF NETWORK	OUT OF NETWORK	742230486	2	3	\$360.00	\$227.22
JOHNSON JR, BOBBY	EMERGENCY MEDICINE	OUT OF NETWORK	OUT OF NETWORK	752159087	3	4	\$5,857.00	\$222.71
A, SAMUEL	RADIOLOGY	OUT OF NETWORK	OUT OF NETWORK	751459885	11	16	\$1,686.88	\$220.25
ROSS, MICHAEL	EMERGENCY MEDICINE	OUT OF NETWORK	OUT OF NETWORK	752512142	3	5	\$972.00	\$215.16
ORD, RONNY	GENERAL SURGERY	OUT OF NETWORK	OUT OF NETWORK	752547668	1	1	\$606.00	\$213.34
BANNA, MOUSTAFA	CARDIOLOGY	UNDETERMINED	UNDETERMINED	752613493	2	9	\$1,964.00	\$208.73
SARAMOLA, JOHN	INTERNAL MEDICINE	OUT OF NETWORK	OUT OF NETWORK	760617615	1	1	\$1,167.00	\$208.43
CROSS, J	ANESTHESIOLOGY	OUT OF NETWORK	OUT OF NETWORK	587111253	1	1	\$780.00	\$203.36
HANNA, EHAB	INTERNAL MEDICINE	OUT OF NETWORK	OUT OF NETWORK	453780709	1	1	\$363.50	\$198.76
WABUDE, KECHUKWU	INTERNAL MEDICINE	OUT OF NETWORK	OUT OF NETWORK	752547668	1	1	\$453.00	\$198.76
TUNUS, TARIQ	OTOLARYNGOLOGY	OUT OF NETWORK	OUT OF NETWORK	205084960	2	2	\$723.76	\$195.83
SHAMBHAVANI, DINESH	NEUROLOGY	OUT OF NETWORK	OUT OF NETWORK	351923783	1	1	\$350.00	\$193.35
EVANS JR, VON LONDON	ORTHOPEDICS	OUT OF NETWORK	OUT OF NETWORK	752431012	1	2	\$1,096.00	\$190.16
RICHARDSON, JAMES	CARDIOLOGY	OUT OF NETWORK	OUT OF NETWORK	752907733	1	1	\$440.00	\$188.15
JAPAS, CARLOS	INTERNAL MEDICINE	OUT OF NETWORK	OUT OF NETWORK	752176297	2	7	\$729.72	\$186.92
SHHEEMANEHI, SIRISHA	UNKNOWN/MISC	OUT OF NETWORK	OUT OF NETWORK	752547668	2	2	\$667.00	\$182.29
OMER, KEVIN	PATHOLOGY	OUT OF NETWORK	OUT OF NETWORK	751625363	2	3	\$2,035.71	\$180.70
HUFF, JOSHUA	RADIOLOGY	OUT OF NETWORK	OUT OF NETWORK	751286819	2	4	\$883.00	\$180.43
VAUGHN, STEPHEN	ANESTHESIOLOGY	OUT OF NETWORK	OUT OF NETWORK	752770291	1	1	\$519.00	\$178.56
CHIEU, HA	EMERGENCY MEDICINE	OUT OF NETWORK	OUT OF NETWORK	760617615	1	1	\$1,028.00	\$178.28
JAMES, GEORGE	CARDIOLOGY	OUT OF NETWORK	OUT OF NETWORK	751362682	1	1	\$519.00	\$176.96
BRISKILL, LANCE	RADIOLOGY	OUT OF NETWORK	OUT OF NETWORK	751459885	11	13	\$1,468.00	\$172.43
KHALIL, SHOAB	EMERGENCY MEDICINE	OUT OF NETWORK	OUT OF NETWORK	760617615	1	2	\$1,776.00	\$160.16
BULLINESE, ROBERT	EMERGENCY MEDICINE	OUT OF NETWORK	OUT OF NETWORK	752737522	2	3	\$1,905.00	\$159.24
YOUNG, GARY	ONCOLOGY	UNDETERMINED	UNDETERMINED	752512142	2	4	\$15,315.00	\$159.23
LEAVENS, THOMAS	NEUROLOGY	OUT OF NETWORK	OUT OF NETWORK	752556421	1	1	\$456.00	\$158.01
QUONG, HUY	PULMONARY MEDICINE	OUT OF NETWORK	OUT OF NETWORK	751604753	1	1	\$727.00	\$158.01

Location: _____ Claim Type: _____
 Department: _____ Tran. Type: _____
 Contract: _____ Include Denied Claims: Yes
 Relationship: _____
 Dollar Limit: _____

Physician Claim Utilization

2011HCCC - HUGULEY COMMUNITY CARE COOPERATIVE

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Provider Name	Provider Specialty	Network Status	Paid Network Status	Tax Id Number	Number of Claimants	Number of Claims	Submitted Charges	Plan Paid Amount
DICKSON, BEVERLY	PATHOLOGY	OUT OF NETWORK	OUT OF NETWORK	752778206	4	4	\$460.00	\$157.44
HOUBINI, IHSAN	PATHOLOGY	OUT OF NETWORK	OUT OF NETWORK	751376600	2	2	\$1,045.00	\$156.11
BEASLEY, CLIFTON	OPHTHALMOLOGY	OUT OF NETWORK	OUT OF NETWORK	751362336	1	1	\$585.00	\$150.99
HUGHES, JOHN	PULMONARY MEDICINE	OUT OF NETWORK	OUT OF NETWORK	751803691	1	3	\$435.00	\$149.09
WALTERS, NATHAN	ANESTHESIOLOGY	OUT OF NETWORK	OUT OF NETWORK	752770291	1	1	\$1,096.00	\$147.36
OTHER PROVIDERS					100	355	\$111,189.01	\$9,127.69
TOTALS					220	2,401	\$1,490,834.51	\$207,910.73

Location: _____
 Department: _____
 Contract: _____

Paid From: 01/01/2013 To: 12/31/2013
 Network Lvl: _____

Incurred From: 01/01/2013 To: 12/31/2013
 Claim Type: _____
 Tran. Type: _____
 Include Denied Claims: Yes

Relationship: _____
 Dollar Limit: _____

Prepared by: Shannon Lunek
 Page 6 of 6
 Created Date: 12/1/2013

Facility Claim Utilization

2011HCCC - HUGULEY COMMUNITY CARE COOPERATIVE

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Provider Name	Provider Specialty	Network Status	Paid Network Status	Tax Id Number	Number of Claimants	Number of Claims	Submitted Charges	Plan Paid Amount
TX HEALTH CLEBURNE	HOSPITAL	OUT OF NETWORK	OUT OF NETWORK	751977850	165	531	\$2,831,515.36	
HUGULEY MEMORIAL HOSPITAL	HOSPITAL	OUT OF NETWORK	OUT OF NETWORK	452694620	54	110	\$1,209,822.53	
HARRIS METHODIST FORT WORTH	HOSPITAL	OUT OF NETWORK	OUT OF NETWORK	756001743	28	51	\$873,319.27	\$96,214.10
PLAZA MEDICAL CENTER OF FORT WORTH,	HOSPITAL	OUT OF NETWORK	OUT OF NETWORK	621682202	6	10	\$434,416.03	\$65,185.53
TEXAS HEALTH PLANO	HOSPITAL	OUT OF NETWORK	OUT OF NETWORK	752770738	2	6	\$270,572.33	\$19,694.52
GLEN ROSE MEDICAL CENTER,	HOSPITAL	OUT OF NETWORK	OUT OF NETWORK	271572132	3	3	\$30,280.39	\$10,295.33
TARRANT COUNTY HOSPITAL DIST	HOSPITAL	OUT OF NETWORK	OUT OF NETWORK	756000439	3	11	\$27,680.00	\$7,162.32
TEXAS HEALTH HEART HOSPIT,	HOSPITAL	OUT OF NETWORK	OUT OF NETWORK	203003947	1	1	\$13,576.50	\$3,112.21
ABILENE SURGERY CENTER	DME/ANCILLARY	OUT OF NETWORK	OUT OF NETWORK	208816729	1	1	\$5,700.00	\$474.42
COOK CHILDRENS MEDICAL CTR	HOSPITAL	OUT OF NETWORK	OUT OF NETWORK	752051846	1	1	\$558.05	\$256.70
SINGING RIVER HOSPITAL SYSTEM	HOSPITAL	OUT OF NETWORK	OUT OF NETWORK	646000515	1	2	\$68,705.00	\$0.00
BAYLOR ALL SAINTS MEDICAL CENTER	HOSPITAL	UNDETERMINED	UNDETERMINED	751008430	1	1	\$22.90	\$0.00
TOTALS					184	728	\$5,765,168.36	

Location: _____ Incurred From: 01/01/2013 To: 12/31/2013 Claim Type: _____
 Department: _____ Network Lvl: _____ Tran. Type: _____ Relationship: _____
 Contract: _____ Include Denied Claims: Yes Dollar Limit: _____

Facility Report by Type
 2011HCCC - HUGULEY COMMUNITY CARE COOPERATIVE

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Facility Type	Number of Claimants	Submitted Charges	Ineligible Charges	Eligible Charges	Plan Discount	Member Paid		Plan Paid Amount
						Coinsurance	Deductible Copay	
INPATIENT	48	\$2,900,548.57	\$224,398.20	\$2,676,150.37	\$2,334,700.77	\$0.00	\$0.00	\$341,449.60
OUTPATIENT	137	\$1,949,970.63	\$118,155.81	\$1,831,814.82	\$1,596,795.68	\$0.00	\$0.00	\$235,019.14
EMERGENCY ROOM	95	\$914,649.16	\$119,003.14	\$795,646.02	\$676,323.30	\$0.00	\$0.00	\$119,322.72
TOTALS	184	\$5,765,168.36	\$461,557.15	\$5,303,611.21	\$4,607,819.75	\$0.00	\$0.00	\$695,791.46

Facility Paid Amounts by Type



INPATIENT	\$341,449.60	49.1%
OUTPATIENT	\$235,019.14	33.8%
EMERGENCY ROOM	\$119,322.72	17.1%
Total:	\$695,791.46	100.0%

Location:	Paid From: 01/01/2013 To: 12/31/2013	Incurred From: 01/01/2013 To: 12/31/2013	Claim Type:
Department:	Network Lvl:		Tran. Type:
Contract:		Include Denied Claims: Yes	Relationship: Dollar Limit:

Paid Amounts By Place of Service

2011HCCC - HUGULEY COMMUNITY CARE COOPERATIVE

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Place of Service	No. of Claimants	No. of Claims	Submitted Charges	Ineligible Charges	Eligible Charges	Plan Discount	Member Paid		Plan Paid Amount
							Coinurance	Deductible	
21 / Inpatient Hospital	66	408	\$3,311,926.55	\$289,026.97	\$3,022,559.58	\$2,637,059.35	\$0.00	\$0.00	\$385,500.23
22 / Outpatient Hospital	149	821	\$1,370,678.68	\$78,064.88	\$1,292,600.80	\$1,118,504.06	\$0.00	\$0.00	\$174,096.74
23 / Emergency Room	128	746	\$1,155,308.16	\$169,486.03	\$985,822.13	\$844,310.66	\$0.00	\$0.00	\$141,511.47
24 / Ambulatory Surgical Center	51	83	\$913,984.43	\$46,239.43	\$867,745.00	\$760,102.02	\$0.00	\$0.00	\$107,642.98
11 / Office	178	928	\$442,070.04	\$45,178.05	\$395,236.89	\$305,112.64	\$0.00	\$0.00	\$90,124.25
81 / Independent Laboratory	43	146	\$33,969.51	\$3,896.01	\$30,073.50	\$23,629.54	\$0.00	\$0.00	\$6,443.96
01 / Pharmacy	1	1	\$63.10	\$0.00	\$63.10	\$0.00	\$0.00	\$0.00	\$63.10
12 / Home	4	9	\$2,333.29	\$1,640.00	\$693.29	\$693.29	\$0.00	\$0.00	\$0.00
41 / Ambulance (Land)	18	19	\$45,336.00	\$7,427.00	\$37,909.00	\$37,909.00	\$0.00	\$0.00	\$0.00
99 / Other Unlisted Facility	1	1	\$34,352.50	\$34,352.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTALS	226	3,158	\$7,310,022.26	\$675,310.87	\$6,632,703.29	\$5,727,320.56	\$0.00	\$0.00	\$905,382.73

Location:	Incurred From: 01/01/2013 To: 12/31/2013	Claim Type:	
Department:	Network Lvl: 1	Tran. Type:	Relationship:
Contract:		Include Denied Claims: Yes	Dollar Limit:

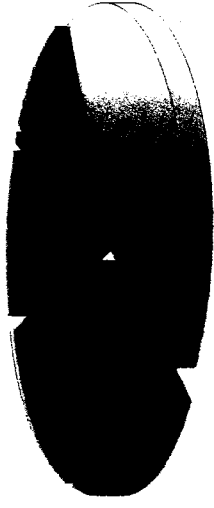
Paid Amounts By Place of Service

2011HCCC - HUGULEY COMMUNITY CARE COOPERATIVE

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Place of Service	No. of Claimants	No. of Claims	Submitted Charges	Ineligible Charges	Eligible Charges	Plan Discount	Member Paid		Plan Paid Amount
							Coinsurance	Deductible	Copay

Paid Amounts By POS



01	\$63.10	0.0%
11	\$90,124.25	10.0%
12	\$0.00	0.0%
21	\$385,500.23	42.6%
22	\$174,096.74	18.2%
23	\$141,511.47	15.6%
24	\$107,842.98	11.9%
41	\$0.00	0.0%
81	\$8,443.96	0.7%
99	\$0.00	0.0%
Total:	\$905,382.73	100.0%

Location:	Paid From: 01/01/2013 To: 12/31/2013	Incurred From: 01/01/2013 To: 12/31/2013	Claim Type:
Department:	Network Lvl: .		Tran. Type:
Contract:			Include Denied Claims: Yes
			Relationship:
			Dollar Limit:

Total Experience by Diagnostic Grouping - Top 10

2011HCCC - HUGULEY COMMUNITY CARE COOPERATIVE

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MDC

	Number of Claimants	Submitted Charges	Ineligible Charges	Eligible Charges	Plan Discount	Plan Paid Amount
SYMPTOMS, SIGNS, AND ILL-DEFINED CONDITIONS	162	\$1,914,573.26	\$183,376.68	\$1,731,166.58	\$1,495,051.66	\$236,114.92
DISEASES OF THE MUSCOSKELETAL SYSTEM AND CONNECTIVE TISSUE	99	\$867,408.90	\$53,432.80	\$812,633.00	\$690,729.53	\$121,903.47
DISEASES OF THE DIGESTIVE SYSTEM	74	\$639,046.86	\$37,443.34	\$601,603.52	\$516,608.60	\$84,994.92
DISEASES OF THE CIRCULATORY SYSTEM	65	\$552,973.40	\$20,626.42	\$532,036.98	\$455,763.01	\$76,273.97
DISEASES OF THE RESPIRATORY SYSTEM	70	\$532,125.65	\$28,659.16	\$503,466.49	\$433,277.19	\$70,189.30
NEOPLASMS	40	\$710,349.39	\$108,936.69	\$601,412.70	\$538,929.19	\$62,483.51
FACTORS INFLUENCING HLTH STAT & OTHR CONTACTS WITH HLTH SVCS	72	\$710,499.47	\$42,342.41	\$668,144.06	\$609,863.81	\$58,280.25
DISEASES OF THE GENITOURINARY SYSTEM	50	\$488,054.42	\$102,046.41	\$386,008.01	\$333,685.86	\$52,322.15
ENDOCRINE, NUTRITIONAL AND METABOLIC DISEASES, AND IMMUNITY DISORDERS	54	\$288,659.03	\$51,447.15	\$237,211.88	\$194,796.04	\$42,415.84
DISEASES OF THE SUBCUTANEOUS TISSUE	32	\$169,774.00	\$6,912.86	\$162,861.14	\$133,082.88	\$29,778.26
Others	96	\$436,557.88	\$40,086.95	\$396,158.93	\$325,532.79	\$70,626.14
TOTALS	226	\$7,310,022.26	\$675,310.87	\$6,632,703.29	\$5,727,320.56	\$905,382.73

Location:	Paid From: 01/01/2013 To: 12/31/2013	Incurred From: 01/01/2013 To: 12/31/2013	Claim Type:
Department:	Network Lvl:		Tran. Type:
Contract:			Include Denied Claims: Yes
			Relationship: Dollar Limit:

Claim Lag Report by Dollar Amount

2011HCCC - HUGULEY COMMUNITY CARE COOPERATIVE

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	2013/02	2013/03	2013/04	2013/05	2013/06	2013/07	2013/08	2013/09	2013/10	2013/11	Total
1/2013	\$90,533.05	\$89,708.83	\$8,869.58	\$4,768.91	\$3,015.56						\$176,725.98
2/2013	\$1,321.88	\$25,586.77	\$38,591.32	\$3,674.46	\$13,703.92						\$82,878.38
3/2013		\$1,152.33	\$88,888.08	\$21,447.56	\$31,684.00	\$349.28				(\$94.00)	\$143,405.23
4/2013			\$12,938.54	\$17,850.08	\$70,885.71	\$80.50	\$313.14				\$101,945.98
5/2013					\$108,509.37	\$2,772.98	\$282.93		\$280.02	\$781.04	\$112,616.34
6/2013					\$37,715.90	\$1,154.15	\$316.61		\$522.48		\$39,708.14
7/2013					\$23,946.02	\$34,694.18	\$1,178.25		\$22,352.22	\$184.75	\$82,365.42
8/2013							\$45,291.30		\$18,189.15	\$284.64	\$81,114.87
9/2013							\$17,348.58		\$34,510.22	\$387.28	\$43,228.36
10/2013									\$15,978.57	\$15,374.75	\$31,353.32
11/2013										\$10,041.83	\$10,041.83
Total	\$91,854.94	\$86,448.93	\$149,283.52	\$47,841.02	\$289,240.51	\$56,380.65	\$55,530.10	\$91,842.86	\$28,980.40		\$905,382.73

Location:
 Department:
 Contract:

Paid From: 01/01/2013 To: 12/31/2013
 Network Lvl: ,

Incurred From: 01/01/2013 To: 12/31/2013

Claim Type:

Tran. Type:

Include Denied Claims: Yes

Relationship:

Dollar Limit:

Claim Lag Report by Claim Count Amount

2011HCCC - HUGULEY COMMUNITY CARE COOPERATIVE

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	1/2013	2/2013	3/2013	4/2013	5/2013	6/2013	7/2013	8/2013	9/2013	10/2013	11/2013	Total
1/2013	2	184	177	36	17	5	4	2	0	0	0	427
2/2013	0	31	176	61	29	16	11	2	3	1	1	331
3/2013	0	0	32	238	31	36	9	6	1	3	0	358
4/2013	0	0	0	77	228	64	26	7	5	7	2	416
5/2013	0	0	0	0	177	188	47	7	3	2	3	427
6/2013	0	0	0	0	0	109	111	10	4	3	1	238
7/2013	0	0	0	0	0	0	111	114	11	8	2	246
8/2013	0	0	0	0	0	0	0	114	118	23	6	261
9/2013	0	0	0	0	0	0	0	0	72	109	5	186
10/2013	0	0	0	0	0	0	0	0	0	67	73	160
11/2013	0	0	0	0	0	0	0	0	0	0	79	79
Total	2	215	385	412	482	418	319	282	217	243	172	3,127

Location:
Department:
Contract:

Process From: 01/01/2013 To: 12/31/2013
Network Lvl: .

Incurred From: 01/01/2013 To: 12/31/2013

Claim Type:
Tran. Type:
Include Denied Claims: Yes

Relationship:
Dollar Limit:

Claims Processing Timeliness

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2011HCCC - HUGULEY COMMUNITY CARE COOPERATIVE

	<=10	11	12	13	14	15	16-30	>=31	Total
2011HCCC	2,246 69%	148 4%	103 3%	33 1%	14 0%	19 0%	617 19%	32 0%	3,212 100%
Total	2,246 69%	148 4%	103 3%	33 1%	14 0%	19 0%	617 19%	32 0%	3,212 100%

Location:

Department:

Contract:

 Process From: 01/01/2013 To: 12/31/2013
 Network Lvl:

Incurred From: 01/01/2013 To: 12/31/2013

Claim Type:

Tran. Type:

Include Denied Claims: Yes

Relationship:

Dollar Limit:

Prepared by: Shannon Junek

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Created Date: 12/1/2013

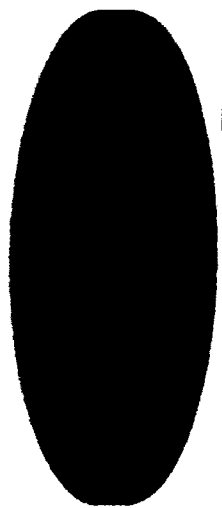
20

Paid Amounts By Benefit Type

2011HCCC - HUGULEY COMMUNITY CARE COOPERATIVE

Benefit Type	Number of Claimants	Submitted Charges	Ineligible Charges	Eligible Charges	Plan Discount	Member Paid			Plan Paid Amount
						Coinsurance	Deductible	Copay	
MEDICAL	204	\$7,001,138.10	\$368,434.81	\$6,632,703.29	\$5,727,320.56	\$0.00	\$0.00	\$0.00	\$905,382.73
UNDETERMINED	135	\$308,884.16	\$306,876.06	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTALS	226	\$7,310,022.26	\$675,310.87	\$6,632,703.29	\$5,727,320.56	\$0.00	\$0.00	\$0.00	\$905,382.73

Paid Amount By Benefit



MEDICAL	\$905,382.73	100.0%
UNDETERMINED	\$0.00	0.0%
Total:	\$905,382.73	100.0%

Location:	Paid From: 01/01/2013 To: 12/31/2013	Incurred From: 01/01/2013 To: 12/31/2013	Claim Type:
Department:	Network Lvl: ,		Tran. Type:
Contract:			Include Denied Claims: Yes
			Relationship: Dollar Limit:

Top Primary Diagnosis Codes by Paid Amount

2011HCCC - HUGULEY COMMUNITY CARE COOPERATIVE

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Diagnosis Code	Number Claims	Number Claimants	Submitted Charges	Ineligible Charges	Eligible Charges	Plan Discount	Plan Paid Amount
721.0 CERVICAL SPONDYLOSIS WITHOUT MYELOP	15	9	\$228,569.62	\$650.00	\$227,919.62	\$182,956.83	\$44,962.79
789.00 ABDOMINAL PAIN SITE			\$260,361.42	\$23,846.59	\$236,514.83	\$201,856.72	\$34,658.11
V55.3 ATTENTION TO COLOSTOMY	15	2	\$432,729.21	\$12,723.74	\$420,005.47	\$393,157.87	\$26,847.60
786.59 CHRONIC GASTRIC PAIN	33		\$186,234.55	\$8,998.57	\$177,205.98	\$152,087.34	\$25,118.64
996.67 INFECTION ORTH DEVICE OT	9	2	\$346,166.07	\$41,403.45	\$304,762.62	\$281,288.77	\$23,473.85
722.0 CERVICAL DISC DISPLACMNT	17	5	\$259,767.08	\$31,004.60	\$228,762.48	\$208,105.43	\$20,657.05
510.9 EMPYEMA WO FISTULA	2	1	\$91,095.90	\$0.00	\$91,095.90	\$71,071.20	\$20,024.70
038.9 UNSPECIFIED SEPTICEMIA	3	3	\$64,902.10	\$98.98	\$64,803.12	\$46,405.74	\$18,397.38
250.82 DIABETES MELLITUS WTH OTHER SPECIF	2	1	\$46,237.18	\$10.25	\$46,226.93	\$28,241.60	\$17,985.33
425.4 PRIMARY CARDIOMYOPATHY OT	6	2	\$116,094.67	\$0.00	\$116,094.67	\$100,857.23	\$15,237.44
553.21 INCISIONAL HERNIA	7	3	\$46,195.42	\$0.00	\$46,195.42	\$32,383.67	\$13,811.75
V76.51 SPECL SCREEN MALIG NEOPLSM-COLON	41	19	\$114,657.39	\$10,649.45	\$104,007.94	\$90,940.63	\$13,067.31
434.91 UNS CEREBRAL ARTERY OCCLUSION W CER	17	4	\$58,660.85	\$4,884.42	\$53,466.43	\$40,731.94	\$12,734.49
182.0 MALIGNANT NEOPLASM OF CORPUS UTERI,	9	1	\$62,241.48	\$6,074.29	\$56,167.19	\$43,919.59	\$12,247.60
786.50 UNSPECIFIED GASTRIC PAIN			\$89,092.79	\$14,892.66	\$74,200.13	\$62,205.13	\$11,995.00
220 BENIGN NEOPLASM OF OVARY	13	3	\$250,345.62	\$20,529.80	\$229,815.82	\$217,858.51	\$11,957.31
410.71 SUBENDOCARDIAL INFARCTION INITIAL E	2	1	\$97,843.25	\$1,012.84	\$96,830.41	\$84,976.95	\$11,853.46
161.1 MALIGNANT NEOPLASM OF SUPRAGLOTTIS	8	1	\$153,120.35	\$45,081.11	\$108,039.24	\$96,461.78	\$11,577.46
626.2 EXCESSIVE OR FREQUENT MENSTRUATION	17	8	\$94,169.33	\$8,061.90	\$86,107.43	\$75,268.98	\$10,838.45
148.9 UNS MALIGNANT NEOPLASM OF HYPOPHARY	82	1	\$64,492.15	\$10,769.47	\$53,722.68	\$43,222.60	\$10,500.08
Others	2,646	223	\$4,247,045.83	\$434,618.75	\$3,810,758.98	\$3,273,322.05	\$537,436.93
TOTALS	3,158	226	\$7,310,022.26	\$675,310.87	\$6,632,703.29	\$5,727,320.56	\$905,382.73

Location: _____ Incurred From: 01/01/2013 To: 12/31/2013 Claim Type: _____

Department: _____ Network Lvl: _____ Tran. Type: _____ Relationship: _____

Contract: _____ Include Denied Claims: Yes _____ Dollar Limit: _____

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Top Procedure Codes by Paid Amount

2011HCCC - HUGULEY COMMUNITY CARE COOPERATIVE

Procedure Code	Number Claims	Number Claimants	Submitted Charges	Ineligible Charges	Eligible Charges	Plan Discount	Plan Paid Amount
R450 EMERGENCY ROOM	245	93	\$882,166.04	\$119,003.14	\$763,162.90	\$649,037.47	\$114,125.43
R360 OPERATING ROOM SERVICES	35	24	\$478,120.02	\$26,139.68	\$451,980.34	\$394,442.88	\$57,537.46
R111 SURGICAL/MED/GYN PR ROOM	12	8	\$354,267.06	\$69,219.32	\$285,047.74	\$229,182.54	\$55,865.20
R762 OBSERVATION ROOM - OBSERVATION	19	14	\$395,729.20	\$16,027.99	\$379,701.21	\$330,868.04	\$48,833.17
R750 GASTROINTESTINAL SERVICES - GENERAL	32	30	\$180,676.95	\$11,671.76	\$169,005.19	\$143,578.30	\$25,426.89
R110 GENERAL CLASSIFICATION R&S	1	1	\$114,760.77	\$0.00	\$114,760.77	\$91,808.62	\$22,952.15
R121 SURGICAL/MED/GYN SP ROOM	3	3	\$78,788.34	\$14,480.66	\$64,307.68	\$42,458.62	\$21,849.06
R361 MINOR SURGERY	6	4	\$175,979.78	\$2,937.82	\$173,041.96	\$153,102.41	\$19,939.55
R350 CT SCAN - GENERAL	25	22	\$150,277.32	\$4,114.52	\$146,162.80	\$126,232.98	\$19,929.82
R200 INTENSIVE CARE - GENERAL	2	2	\$124,907.32	\$34,352.50	\$90,554.82	\$70,632.76	\$19,922.06
DR871 DR871	2	2	\$63,955.10	\$0.00	\$63,955.10	\$45,557.72	\$18,397.38
DR743 DR743	7	5	\$187,326.30	\$7,268.34	\$180,057.96	\$161,850.59	\$18,207.37
R209 INTENSIVE CARE - OTHER	1	1	\$151,440.39	\$13,684.86	\$137,755.53	\$121,152.31	\$16,603.22
DR464 SIGNS + SYMPTOMS W/O CC	3	1	\$187,275.18	\$27,221.00	\$160,054.18	\$146,443.68	\$13,610.50
R301 CHEMISTRY	81	57	\$84,038.12	\$2,755.39	\$81,282.73	\$68,499.57	\$12,783.16
DR330 URETHRAL STRICTURE AGE 0-	2	1	\$314,291.92	\$12,243.35	\$302,048.57	\$289,805.22	\$12,243.35
DR247 SIGNS + SYMPTOMS OF MUSC S	1	1	\$88,839.25	\$0.00	\$88,839.25	\$77,746.83	\$11,092.42
99285 ER E&M HI SEVER IMMEDIATE SIGNIF THREAT	137	57	\$128,735.00	\$21,690.84	\$107,044.16	\$96,354.32	\$10,689.84
99214 OFFICE/OUTPATIENT VISIT	245	115	\$36,916.72	\$2,399.48	\$34,517.24	\$24,002.99	\$10,514.25
DR908 DR908	1	1	\$52,250.93	\$0.00	\$52,250.93	\$42,708.40	\$9,542.53
Others	2,425	219	\$3,079,280.55	\$290,100.22	\$2,787,172.23	\$2,421,854.31	\$365,317.92
TOTALS	3,158	226	\$7,310,022.26	\$675,310.87	\$6,632,703.29	\$5,727,320.56	\$905,382.73

Location: _____ Incurred From: 01/01/2013 To: 12/31/2013 Claim Type: _____

Department: _____ Network Lvl: _____ Tran. Type: _____ Relationship: _____

Contract: _____ Include Denied Claims: Yes Dollar Limit: _____

Prepared by: Shannon Junek Page 1 of 1 Created Date: 12/1/2013